
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **GENES REGULATING PROGRAMMED CELL DEATH**, the specification of which is described in:

☐ U.S. Patent Application No. _____ filed in the U.S. Patent and Trademark Office
on _____, or
☒ the U.S. patent application filed herewith in the U.S. Patent and Trademark Office.

I hereby authorize Intellectual Property/Technology Law and its attorneys to enter the application number and its filing date in the preceding paragraph subsequent to our execution of this Declaration and Power of Attorney.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor : **Eric H. Baehrecke**

Inventor's Signature _____ Date _____

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